

<b>Case Number:</b>	CM13-0049780		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review notes the date of injury as July, 2011. The mechanism of injury was noted as a trip and fall. The diagnoses include cervical and lumbar sprain/strain, right shoulder tear and left shoulder impingement. The patient has complaints of neck, bilateral shoulder and low back pain. A right total shoulder arthroplasty has been completed. The request for home health assistance was not certified in the preauthorization process. Treatment included medical therapy, physical therapy, acupuncture, epidural steroid injections. A clinical evaluation occurred in September, 2013 endorsing the shoulder surgery. The patient was noted to be anemic. The cervical epidural steroid injection noted a diagnosis of cervicogenic neck pain, cervical radiculopathy and degenerative disc disease. A QME evaluation occurred in June, 2013. The treating provider requested a home care aide four ( 4) hours a day, three (3) times a week for four ( 4) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**HOME CARE AIDE FOUR (4) HOURS A DAY, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Updated April 10, 2014.

**Decision rationale:** The mechanism of injury is noted as a trip and fall. The injury sustained was noted to be a soft tissue myofascial strain of the cervical spine and lumbar spine and a shoulder injury resulting in a shoulder surgery. The QME noted the injured worker to be able to brush her hair, and perform her daily toilet albeit with some difficulty. There is no data presented to suggest that this individual is home bound. Therefore, there is insufficient clinical information presented to support this request. Medical necessity for the requested item has not been established. The requested item is not medically necessary.